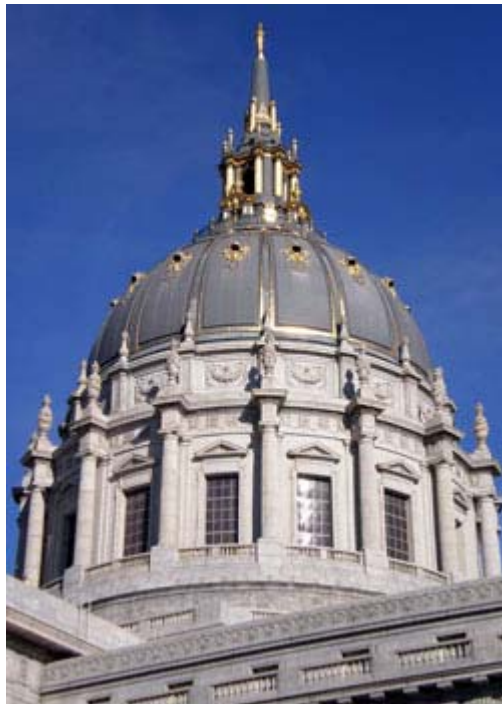


# **Assessment of the Needs of San Francisco Seniors and Adults with Disabilities**

## **Part I: Demographic Profile**



**Department of Aging and Adult Services  
Office on the Aging**

**April 12, 2012**

**Part I: Demographic Profile  
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## **I. INTRODUCTION**

The Older American's Act (OAA) and the Older Californians Act require that the Department of Aging and Adult Services (DAAS), San Francisco's Area Agency on Aging, conduct a community needs assessment every four years to determine the extent of need for services and to aid in the development of a plan for service delivery for older adults. This report contains the findings of the 2011 needs assessment process.

### **GOAL**

The 2011 community needs assessment was guided by the following primary goal:

*To assess the needs of seniors and adults with disabilities in San Francisco for support services, using both quantitative and qualitative research methods, and compare those needs with available services and trends in funding.*

San Francisco has changed rapidly in the last two decades, shaped by undercurrents of gentrification, immigration, housing, and economic crises, and the community of seniors and adults with disabilities is nestled within this larger context. Within the framework of the city's broader changes, the assessment provides a quantitative profile of the city's seniors and adults with disabilities, highlighting hidden subpopulations and significant trends. Whenever possible, it provides estimates of service needs and gaps in services citywide, by neighborhood, and by group. It does not examine health care needs, but focuses instead on the social service needs likely to be addressed by the Office on the Aging of the Department of Aging and Adult Services, which is a department of the San Francisco Human Services Agency.

To allow seniors and persons with disabilities a voice in this assessment, a series of focus groups were convened in the summer of 2011, and the comments of participants are threaded through this narrative and collected in an appendix to this narrative. Services for this group have been reduced because of the economic recession and subsequent cuts in public funding, and this report also examines how funding levels for specific services have changed in the last five years. This needs assessment provides information that can be used in making future decisions about funding and policies.

### **Organization of Report**

To make it easier for the reader to use the needs assessment, it is divided into two discrete reports. The first part is a broad quantitative and qualitative profile of San Francisco's seniors and persons with disabilities. The second part examines the specific funding categories of the Office on the Aging, discussing more specifically the needs and rationale that underlie the services, and comparing trends in funding. Subject areas of the second report include: 1) housing; 2) nutrition; 3) isolation; 4) case management and transitional care; 5) self care and safety; 6) caregiver support; 7) access to services; and 8) consumer advocacy. The second report also contrasts the current levels of funding and volume of services with levels from five years ago, prior to the recession. The two reports are complementary and provide a comprehensive portrait of the service system and the community that it serves.

## **II. METHODS**

### **PRINCIPLES**

In 2006, the San Francisco Human Services Agency (SF-HSA), Department of Aging and Adult Services (DAAS) produced a comprehensive needs assessment that was the culmination of six months of intensive effort. To make assessment information more timely and accessible, DAAS aligned research efforts with its cycle of requests for proposals from community service providers, marshalling information on specific target areas of need and incorporating the results into the description of needed services. This approach made the assessment process more useful, and it allowed the agency to extend resources more efficiently. The information for the current needs assessment draws both from new research and from analyses that has been conducted at different intervals over the last four years.

In designing this needs assessment, SF-HSA intended to not simply reinforce existing systems for consumers by, for example, seeking feedback primarily from those consumers already receiving services from the DAAS network of providers. It sought input from both those consumers already receiving services and from those who had unmet needs. Secondly, the assessment sought the highest quality of information available for each topic, utilizing research literature and rigorous quantitative methods balanced by qualitative observations. This convergent approach enhanced the reliability and depth of the report's findings.

### **QUANTITATIVE ANALYSIS**

Quantitative analysis sought to concretely describe the landscape of needs and existing services in San Francisco without the subjective biases that are inherent to qualitative research. Data sources included:

#### **CENSUS 2010 AND AMERICAN COMMUNITY SURVEY**

Limited data from the 2010 Census was available at the time of this writing. Wherever possible the most recent data was used. However, Census data answer only a limited number of questions, and the cross-tabulation of certain variables were not yet available. Comparisons to Census 2000 and 1990 numbers were made when possible. As 2010 Census data is rolled out at more finite levels and with more specific variables, SF-HSA will continue to analyze it, update the assessment information, and disseminate it to the community.

American Community Survey (ACS) single-year and 2006-2008 three-year sample data were used to augment the Decennial Census, particularly for statistics on disability, race and ethnicity, and income. Unlike the Census, the ACS is a sample of the population is therefore subject to greater uncertainty. Confidence intervals can be large, and increase as the specificity of sub-population increases. The three-year sample, gathered during 2006, 2007 and 2008 has a larger sample size, making estimates more reliable. Where possible this three-year sample is used. For disability data, the 2009 ACS one-year sample was used instead because the question wording changed between 2007 and 2008.

## **SURVEYS**

The California Health Interview Survey (CHIS) is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. It is a biennial telephone survey of adults, adolescents, and children from all parts of the state. Local-level data are available for San Francisco and were included to supplement local research. The assessment also drew from a biennial survey of San Francisco citizens, querying about needs and satisfaction with city government. Funded by the San Francisco Controller's Office, and conducted by the ETC Institute, the 2011 survey reached almost 4,000 randomly-selected citizens, and it included two questions for DAAS that were specific to the needs of seniors and their access to services. Additionally, DAAS contracted with the National Research Center in 2008 to conduct a phone survey of a telephone survey of a representative sample of older adults and persons with disabilities. The National Research Center asked the respondents about their perceptions regarding their community and their future needs.

## **SF-GETCARE CONSUMER DATA**

Nearly all consumers participating in OOA-funded programs are enrolled in an online database, SF-GetCare. Enrollment information identifies the programs in which each consumer participates, as well as the organization that provides services. Each consumer has one client record, but may have multiple enrollments if participating in different programs or at more than one site. Consumer records also include personal characteristics, such as ethnicity, primary language, English fluency level, and zip code. Planning unit staff used a data extract that included all enrollments from July 2010 through May 2011. While this timeframe was one month short of the full fiscal year, it provided as current information as possible given the time constraints of the assessment process. The timeframe is sufficient to provide reliable information on the characteristics of program enrollees

Despite systematic efforts to ensure that consumer enrollment in SF-GetCare is consistent and accurate, some data entry inconsistencies result in some duplicates and errors. Planning unit staff coordinated with Office on Aging program staff to clean the data. Nevertheless, a residue of reporting error likely remains. If error was thought to potentially distort the results of the data analysis, it was not used.

## **ADMINISTRATIVE DATA**

Across its many programs, SF-HSA serves over 120,000 unique persons in a city of approximately 800,000. To better understand the needs of specific populations, especially low-income communities, this assessment drew from data extracts from the following SF-HSA programs:

- ❖ Medi-Cal
- ❖ Food stamps
- ❖ Foster care
- ❖ County Adult Assistance Program
- ❖ In Home Supportive Services
- ❖ Adult Protective Services
- ❖ Homeless shelter system
- ❖ Workforce development

The second part of the needs assessment contrasts the actual spending on Office on the Aging contracted services during the 2006/07 fiscal year with the budget for the current, 2010/11 fiscal

year. The information for the actual spending derived from the citywide Financial Accounting and Management Information System, as well as close-out reports to the California Department of Aging. The budget information for the current year was taken from the citywide Budget and Performance Management System, and captures the city's final budget, approved by the Board of Supervisors and the Mayor. It also draws from the Area Plan budget that was submitted to the state. Information about contracted and actual units of services was found in the SF GetCare database.

Finally, the assessment analysis utilized administrative data from other city agencies, including:

- ❖ Department of Public Health
- ❖ Mayor's Office on Housing
- ❖ San Francisco Housing Authority
- ❖ San Francisco Mayor's Office of Housing

## **LITERATURE REVIEW**

In order to supplement the data sources listed above, staff conducted a literature review of relevant national, state, and local reports. Information from this research provided an overview of each issue area and described San Francisco-specific needs and challenges. In addition to research articles, the needs assessment also drew from local reports, such as the 2011 Homeless Count, and other reports produced by SF-HSA, including a 2008 study of the city's Single Room Occupancy hotels, and a study of the agency's services by age bracket that highlighted the needs of persons who were over 50 but not yet seniors.

## **QUALITATIVE RESEARCH**

The qualitative portion of needs assessment research was informed by the data analysis and literature review. Qualitative research methods provided concrete opportunities for public input and helped to broaden the perspective of the needs assessment beyond what is possible using only quantitative sources. In all about 150 community participants were involved.

## **COMMUNITY FORUMS**

Community Forums were open to the public and held in order to reach a broad audience of consumers. During the summer of 2011, three forums were held with 20-50 seniors in attendance at each. The first community forum was held at the meeting of the DAAS Advisory Council along with guests of advisory council members. The second was held at Jackie Chan Community Center in the Richmond district. The third was held at Western Park apartments, a senior housing community in the Western Addition. Using a facilitated conversation approach, participants provided information on the most pressing service, social, and environmental needs of seniors and adults with disabilities in San Francisco and suggested actions DAAS should take to address those needs.

## **CONSUMER FOCUS GROUPS**

In order to gain additional perspective on the issues facing unique demographic groups in San Francisco, focus groups were held with the African American, Asian/Pacific Islander; Latino, lesbian, gay, bisexual, and transgender (LGBT) seniors, and younger adults with disabilities. These smaller, 7-14 person groups allowed participants to delve into the same topics addressed at

the community forums, but thinking specifically about the unique needs of their specific demographic group.

While the needs assessment team delved into Census and other resources to broadly estimate the prevalence of certain needs in the community, community forums and focus groups with consumers helped to highlight the human dimension of those needs for various target populations.

### III. DEMOGRAPHIC PROFILE

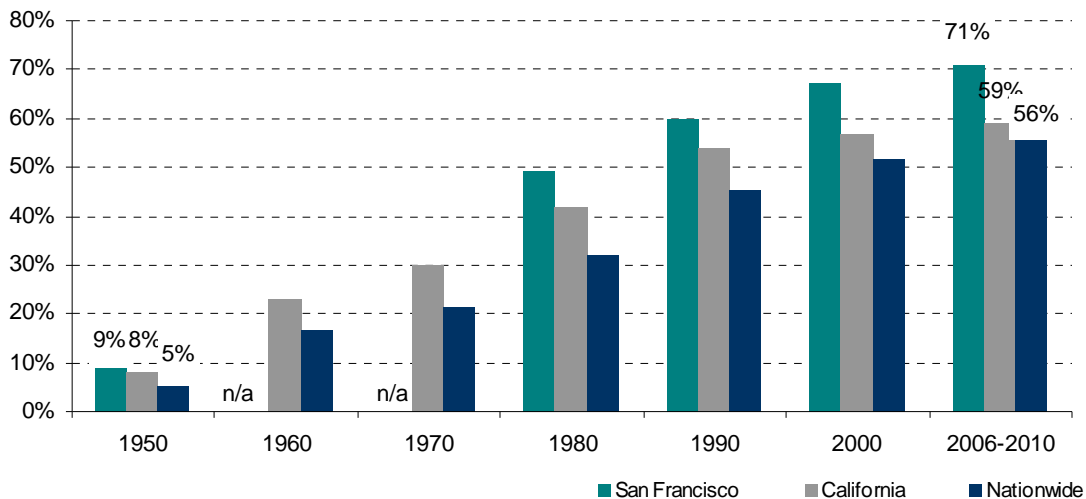
#### POPULATION AND DEMOGRAPHIC TRENDS

The following section examines the demographics of San Francisco and how those have changed over time. Unless otherwise noted, demographic data come from the American Community Survey (ACS) 2006-2008 three-year sample. *Seniors* refers to those age 60 and above; *adults with disabilities* refers to all persons age 18 or older who are disabled, and *younger adults with disabilities* refers to those age 18-59.

#### ECONOMIC CONTEXT OF AGING IN SAN FRANCISCO

To remain safely in the community, seniors and younger adults with disabilities must contend with broader economic influences that have rapidly reshaped San Francisco. As illustrated in the following chart, the emerging knowledge economy has placed a premium on education, and San Francisco has had an influx of highly educated younger adults without children.

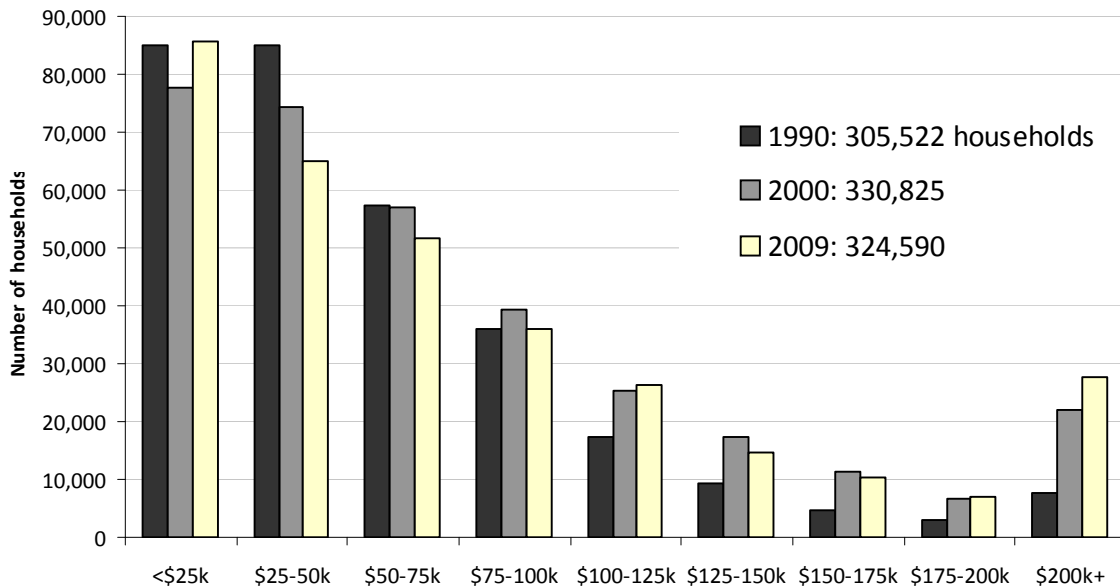
**Percentage of SF, CA, and US Adults Age 25+ that Have at Least Some College Education, 1950-2010**



Source: US Census Bureau, IPUMS; 2006-2010 American Community Survey 5-year estimates table B15002.

Salaries have risen to keep pace with education levels, consequently driving up the cost of living in a compact city with limited room for growth. The chart below illustrates changes in the proportion of households making more than \$200,000 per year, and the corresponding drop in the number of middle income households. Low income households have increased since 2000, but likely reflect immigrants working in insulated labor markets in the city’s ethnic neighborhoods.

### Household Income Distribution in San Francisco 1990-2009\*



Source: IPUMS

\* Real household income, 1999 adjusted dollars

The changes in the city’s economy have created a disparity between very affluent and very low income communities. The chart below illustrates the city’s “Gini Coefficient.” This measures the disparity in a community’s income. If one person had all of a community’s income, the Gini Coefficient would be a perfect 1.0, and if all citizens shared income equally, the score would be zero. The highest Gini Coefficient score in the world, at .71, is in the African country of Namibia; the lowest, at .23, is Sweden. San Francisco has a very high rate of income disparity that has grown rapidly in the last two decades.

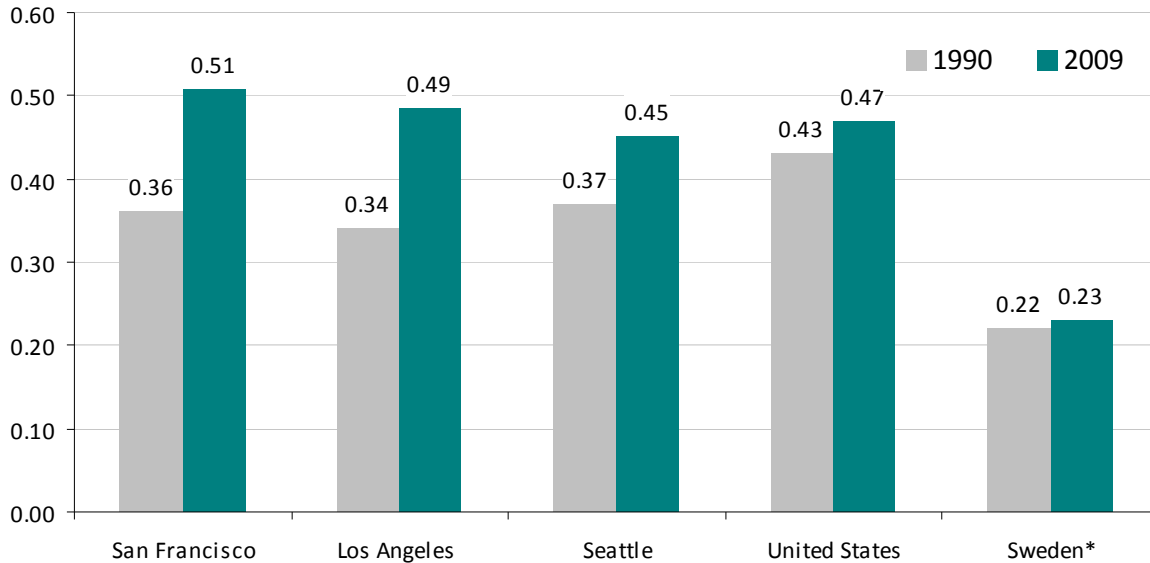
The city’s economic context has manifold implications for seniors and persons with disabilities. For example, San Francisco has the lowest proportion of children of any major city in the United States. Only 14% of the city’s population are minors, compared to a statewide rate is 28%. For seniors, this means that many of their adult children cannot afford to raise their families in the city where they grew up, and their aging parents remain behind without the informal support of family members. Because of the recession, many older persons are working longer. They tend to be less educated and may need to compete for low-wage jobs against younger adults who have college degrees. More broadly, the increasing social and economic distance between young, educated, affluent, adults without children – many of whom live in San Francisco for a only few years before moving to more affordable communities -- and the large number of older, low-



income seniors and persons with disabilities raises concerns about the community’s continuing capacity for support.

## Rising income inequality

Household income Gini Coefficients 1990, 2009

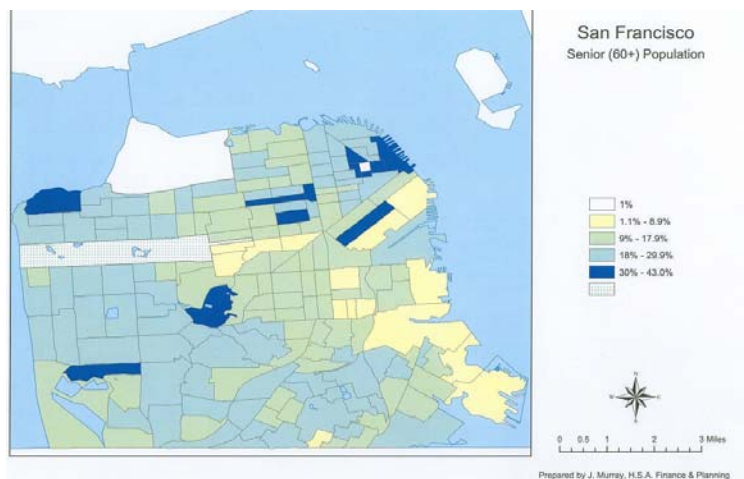


Sources: American Factfinder, \*Central Intelligence Agency (2005)

## SENIORS BY LOCATION

At the time of this report, the 2010 census information is still not available at the census tract level. To understand where seniors in San Francisco live, it is still necessary to use the 2000 Census. The accompanying map indicates high concentrations of older persons in the neighborhoods of Chinatown, Russian Hill, and Polk Gulch, West Portal, St. Francis, and Sea Cliff, Lakeside, Western Addition, and South of Market.

Concentrations of Seniors Age 60 and Over in San Francisco



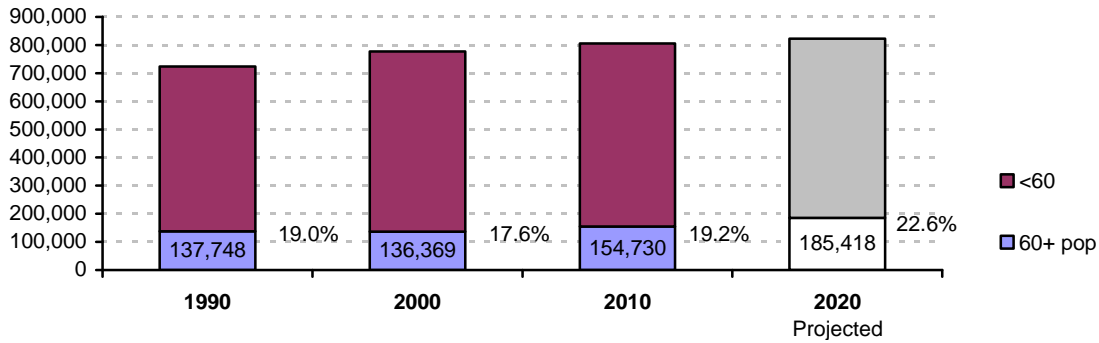
## SENIORS BY AGE GROUP

Between 1990 and 2010, San Francisco’s total population grew from 723,959 to 805,235, an increase of 11%. During that time the number of seniors also increased by 11%. In San

Francisco, the proportion of the population age 60 and over is 19%; in California, 16%. Both the number and share of San Francisco’s senior population are projected to increase over the next 10 years.

**Population Growth: San Francisco’s senior population grew by 18,000 from 2000 to 2010 with continued growth expected in the coming decade.**

(Source: US Census 1990, 2000, 2010; CA Department of Finance projections, 2007 & 2011)

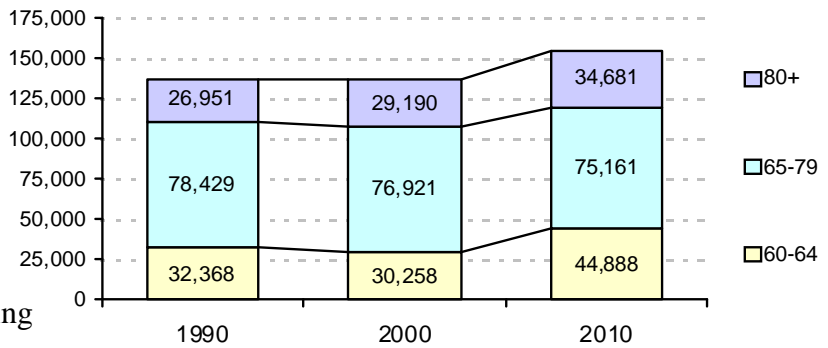


The oldest group of seniors, age 85+, and the youngest, ages 60-64, drove the growth in the city’s older population. Over the last two decades, the oldest group increased by 44%. Due to the higher prevalence of chronic illness, dementia, mobility and self care limitations, these “oldest old” seniors are more likely to need long term care services. Since 1990, the number of 60-64 year olds has grown by 39%, partly as a result of the first of the baby boomers (born 1946-64) entering this age bracket in 2006.

In contrast, between 1990 and 2010 the number of San Franciscans age 65-79 decreased by 4%.<sup>1</sup> Statewide, this group increased by 24%. This divergent trend may reflect new retirees moving to more affordable communities. Some may have cashed in on increased property values and sold their homes, although San Francisco has a comparatively low rate of home ownership.<sup>2</sup> The California Department of Finance projects that the number 65-79 year old San Franciscans will increase by 28,000 in the next decade, but the growth of San Francisco’s older population contains undercurrents that are difficult to predict.

The accompanying chart illustrates changes in San Francisco’s population by age. Since 1990 the city has lost many of its children, but it has gained many middle aged persons who are likely at the height of their earning power and apparently beyond their child-rearing

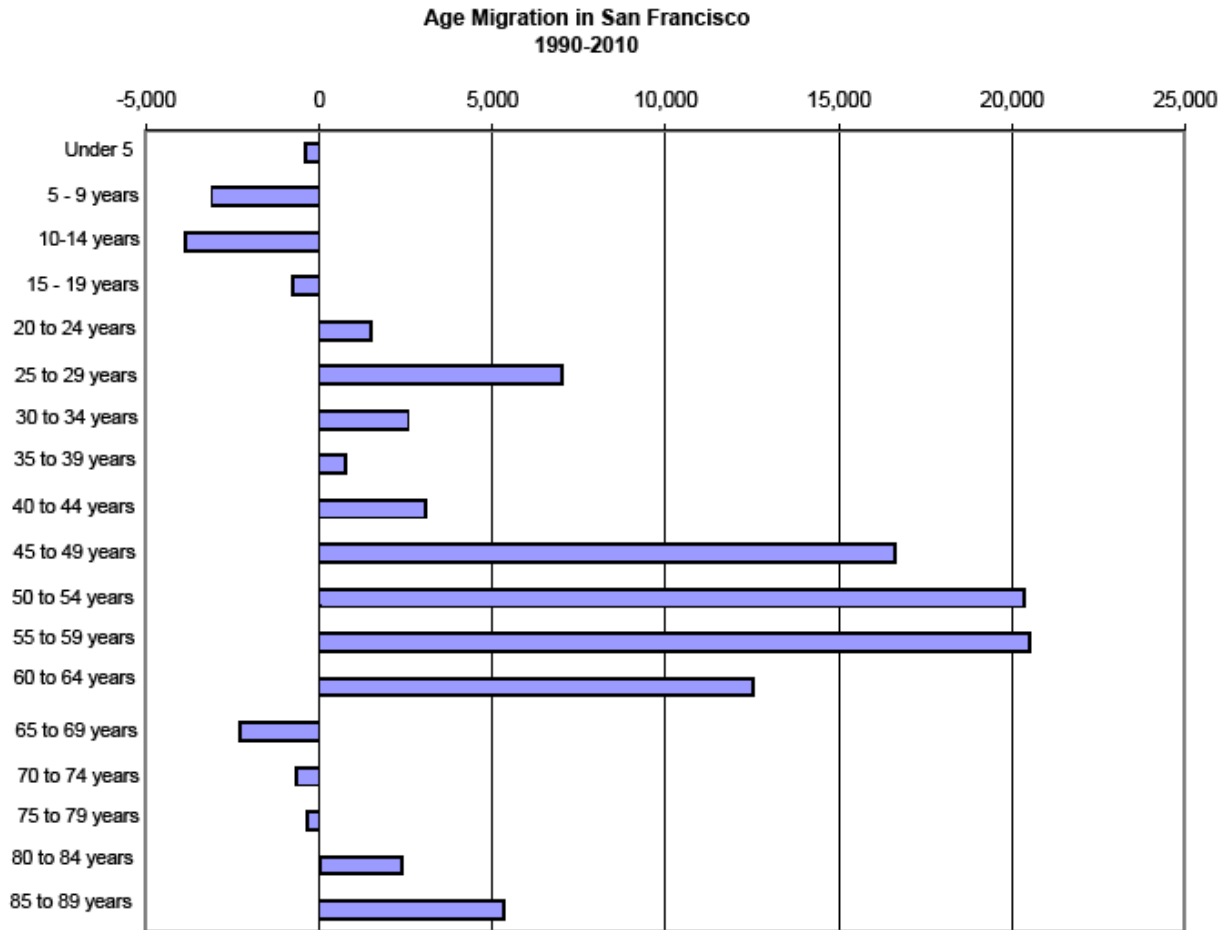
**Population by Age Group: (Source: US Census)**



<sup>1</sup> US birthrates were relatively low during the depression and World War II, resulting in a relatively smaller generation between the Greatest Generation (those that served in World War II, born before 1929) and those that were born in the post-war baby boom (1946-64). This generation in-between (sometimes referred to as the “Silent Generation”) was born 1930-1945 and would be 65-80 in 2010.

<sup>2</sup> As of 2000, for example, 38% of the city’s boomers owned their home; nationwide, the rate was 70%.

years. San Francisco also appears to have more young adults without dependents, who possibly stay here for a limited period in their lives and careers before moving to more affordable communities. The drop in the number of persons age 65-79 corroborates that upon reaching retirement age, many San Franciscans also leave for more affordable communities. The increase in the number of persons over the age of 80 suggests that an earlier cohort, possibly a remnant of a different economic era, has remained here and aged.



Over the next ten years, the 60+ population is projected to grow by about 20% (almost 31,000). In part, this will be fueled by baby boomers becoming seniors. Out-migration might dampen this trend, but seniors from other areas may also be drawn to the city as they reach traditional retirement age. Even if the growth rate in the 60+ population were only half of what is projected by the Department of Finance, San Francisco would still be home to 15,000 more seniors by 2020.<sup>3</sup>

<sup>3</sup> The Department of Finance's 2007 projections overestimate the 2010 60+ population in SF by 6,348 (the bulk of which was an overestimation of the 80+ population). Applying their 19.8% growth rate to 2010 census numbers, San Francisco's senior population would increase by 30,688. Using their original numeric projections for 2020, San Francisco's senior population would increase by 38,295.

## RACE & ETHNICITY

San Francisco's greatest asset is its diversity. The racial and ethnic make-up of the city, however, varies by age group. For example, Latinos are 14% of the city's population, but are a young community and represent over 20% of the city's children.

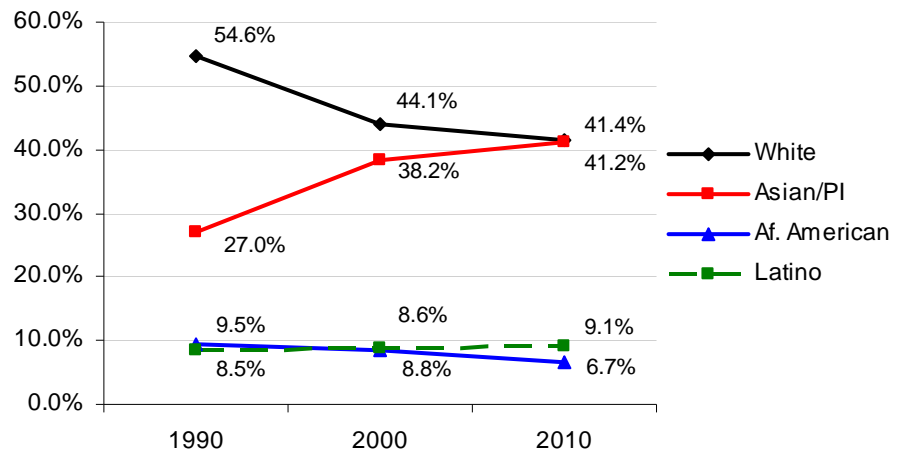
African Americans also tend to be younger, while whites tend to be older. Asian Pacific Islanders have a high proportion of seniors, but also have a

high proportion of children. The American Indian / Alaskan Native senior population in San Francisco is small. They comprise roughly 0.5% of the total population, and less than 0.3% of the senior population. They dropped from 467 seniors in 1990 to 341 in 2000 and 308 in 2008.

As shown in the accompanying chart, whites made up 55% of the seniors in 1990, but declined by 2008 to 42%. Asian/Pacific Islanders increased from 27% to 40%. During that time, the number of white seniors decreased by over 9,000, while Asian/Pacific Islanders increased by almost 25,000. A significant portion of this growth is due to immigration: about 20,000 Asian and Pacific Islander seniors currently living in the city entered the United States after 1990. African Americans decreased slightly as a proportion of seniors, losing over 800 persons, while Latinos increased by over 3,500.

### Population 60+ in San Francisco is increasingly Asian / Pacific Islander

(Source: Census and ACS-3yr-2010)



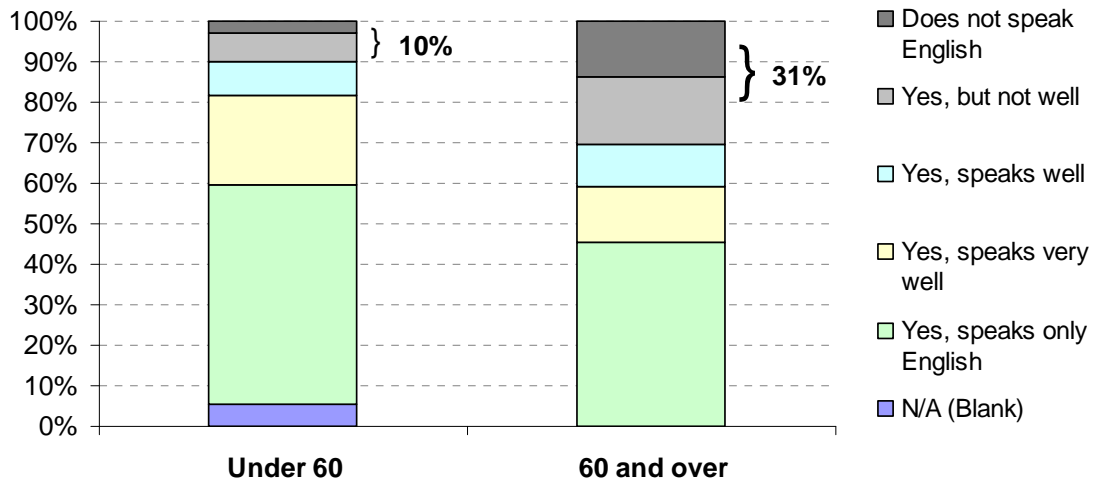
## ENGLISH PROFICIENCY

Fifty four per cent, the majority of senior San Franciscans, speak a language other than English. This includes individuals who speak both English, still the majority language, and another language. Chinese is the second most common language, spoken by 26% of those 60+, with most speaking Cantonese and a minority speaking Mandarin. Spanish (9%), Tagalog (6%), and Russian (4%) are the other most common languages among the older population.

Seniors in San Francisco are much more likely than those who are under 60 years old to speak English "not at all" or "not well". **Almost 50,000 seniors, approximately 32% of the city's older citizens (60+), speak limited English, compared with about 10% of the under-60 population.** Higher than the statewide share (15% of seniors), this represents an increase from the 2000 Census when approximately 38,400 San Francisco seniors had limited English proficiency. Of seniors with limited English proficiency, about 60% speak Chinese. Spanish (13%), Russian (9%), and Tagalog (5%) are the other major language groups.

## English Fluency: Seniors are much more likely to have limited English proficiency

Source: ACS-3yr-2010

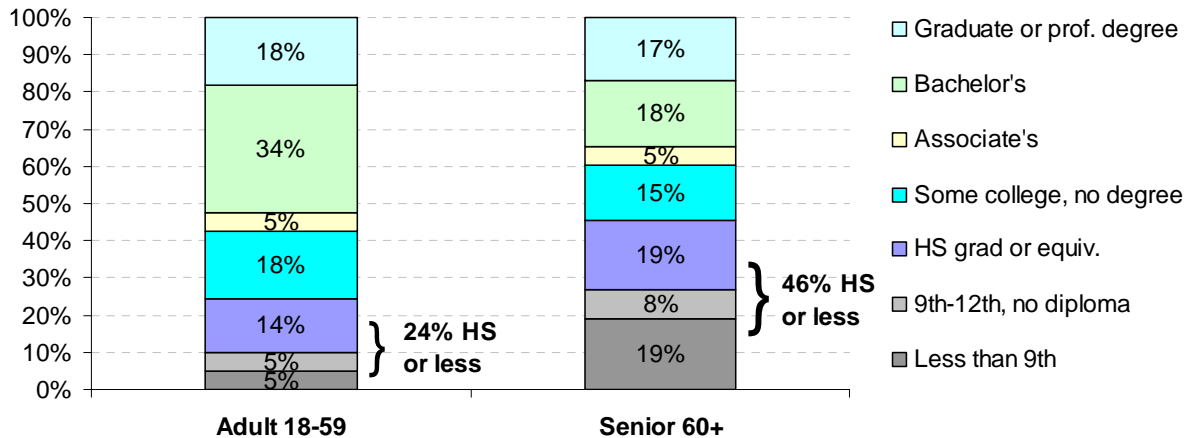


## EDUCATIONAL ATTAINMENT

As described earlier, San Francisco’s population is one of the most highly educated in the country. As younger generations have aged, educational attainment among seniors in the city has risen: approximately 51% have at least some college, compared to 44% in 2000 and 34% in 1990. However, about one-fifth (21%) of San Francisco seniors have less than a 9<sup>th</sup> grade education, a higher share than the statewide rate of 14%. Seniors with lower levels of education may have greater trouble reading and writing, and when compounded by limited English proficiency, might not be able to read routine mail and notices. Knowing about available resources and navigating complex service systems may also be particularly challenging for these seniors.

## Educational Attainment: Thirty percent of seniors do not have a high school diploma or equivalent.

Source: ACS-3yr-2010



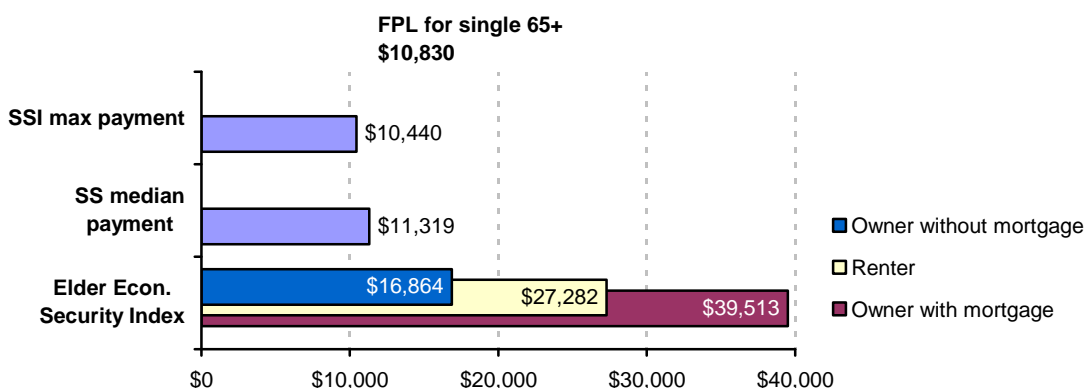
## INCOME AND POVERTY

Among San Francisco's roughly 155,000 seniors, approximately 19,000 (12%) were living below the federal poverty line and more than a quarter (27%) were living below 150% of the federal poverty line in 2006-2008. The federal poverty line for a single person age 65 or older is \$10,326 per year, or \$13,014 for a two-person household.<sup>4</sup> The Federal Poverty Guidelines (FPL), however, fail to take into account regional variations in cost of living. Many individuals with incomes above the poverty line continue to struggle to make ends meet in San Francisco.

The California Elder Economic Security Standard Index estimates how much is needed for a retired older adult to adequately meet his or her basic needs – without private or public assistance.<sup>5</sup> The chart below shows that for an elder person in San Francisco, expenses for basic needs far outstrip the federal poverty guidelines. Expenses also exceed median Social Security (SS) payments and the maximum payments under the Supplemental Security Income (SSI) for older and disabled adults with little to no income. *Based on the Elder Economic Security Standard Index, 61% of San Franciscans seniors -- more than 65,000 people over the age of 65 - do not have enough income to meet their basic needs.*

### What it took to live in San Francisco in 2009 far outstripped both the federal poverty guidelines and government payments.

(Source: San Francisco County, Elder Economic Security Index 2009)



California supplements federal SSI payments, but over the past two years has reduced its payments multiple times, resulting in lower payments to recipients.<sup>6</sup> The combination of these cuts reduced an individual recipient's 2010 income by more than \$900.<sup>7</sup> Even before cuts, many SSI recipients in San Francisco were struggling to pay for basic necessities. SSI reductions have

<sup>4</sup> Definition from 2008. Data retrieved 6-17-2011 from Census.gov > People and Households > Poverty Main > Poverty Data > Poverty Thresholds > 2008, <http://www.census.gov/hhes/www/poverty/data/threshld/thresh08.html>

<sup>5</sup> Basic costs include food, housing, medical care, transportation, and other necessary spending. For more information, see the Insight Center for Community Economic Development: <http://www.insightcced.org/communities/cfess/eesiDetail.html?ref=39>

<sup>6</sup> It is unlikely that benefits will be reduced further because doing so would result in California losing Medicaid funding.

<sup>7</sup> According to the Social Security Administration, "California SSI State Supplement Reductions", the state's monthly rate for an individual dropped by \$76 between May, 2009 and July, 2011.

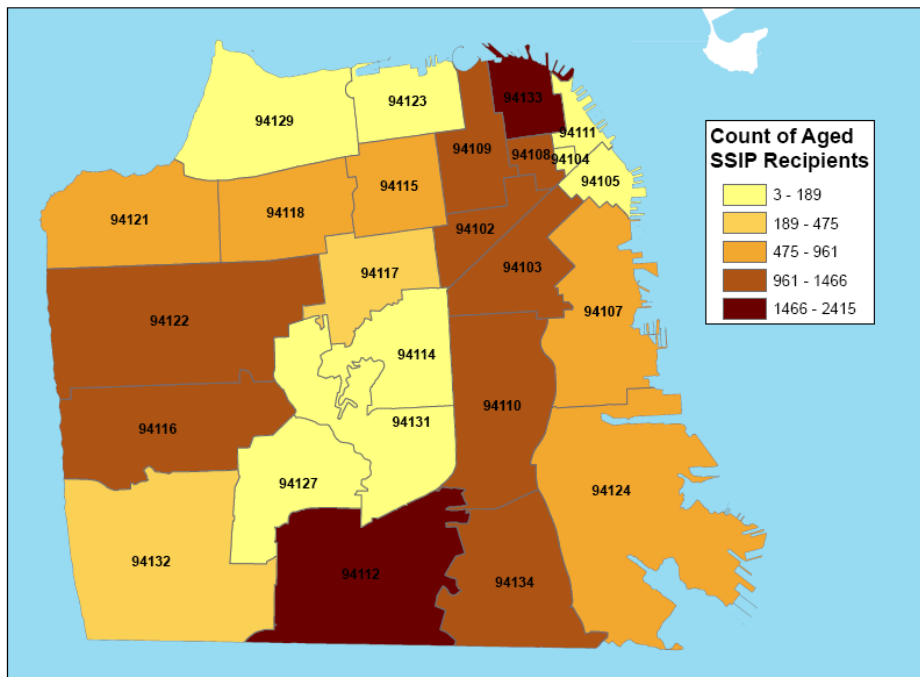
a pronounced impact in San Francisco, as so many of its low income citizens rely on SSI.<sup>8</sup> San Francisco's safety net is much more reliant on SSI than it is on Temporary Assistance to Needy Families, for which it has one of the lowest per capita rates in the nation. The city has more low-income seniors and younger adults with disabilities and few families with children. The accompanying chart, which is drawn from a 2009 analysis of San Francisco's public assistance, compares San Francisco's SSI rate among low-income persons compared to the other large counties in the state.

Compared to the rest of the state, an unusual proportion of SSI recipients in San Francisco are seniors. The program has two categories of recipients: 1) Blind and Disabled; and 2) Aged. Statewide, 29% of SSI benefits fall into the category of Aged; in San Francisco, 55%. One possibility for the difference is that the city has many seniors who immigrated in mid-life and did not have the time to accrue full Social Security benefits, requiring them to rely on SSI. Seniors relying on SSI have heavy concentrations in the city's Chinatown and Ocean/Merced/Ingleside neighborhoods, as illustrated in the accompanying map.

Correlated with San Francisco's high rate of SSI is its exceptionally high rate of In Home Supportive Services. San Francisco has more seniors and persons with disabilities who require assistance to remain in the community. Being on SSI demonstrates income eligibility for the program. San Francisco honors IHSS as the entitlement it was intended to be and conducts outreach to reach all eligible citizens. The chart below compares San Francisco's rate with that of other large California counties.

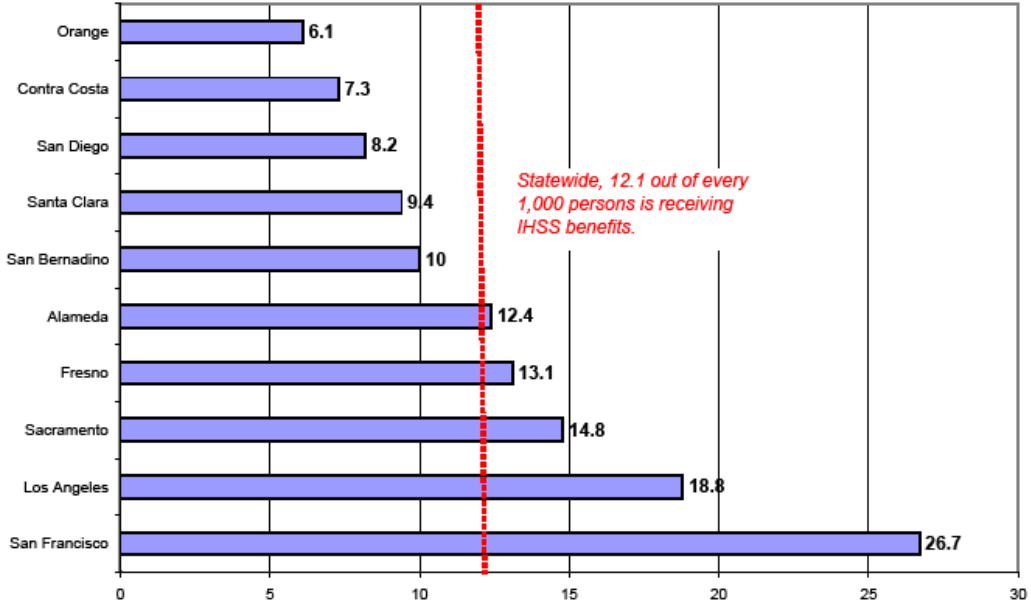
### San Francisco Aged SSI Recipients by Zip Code

SOURCE: Social Security Administration, December 2009



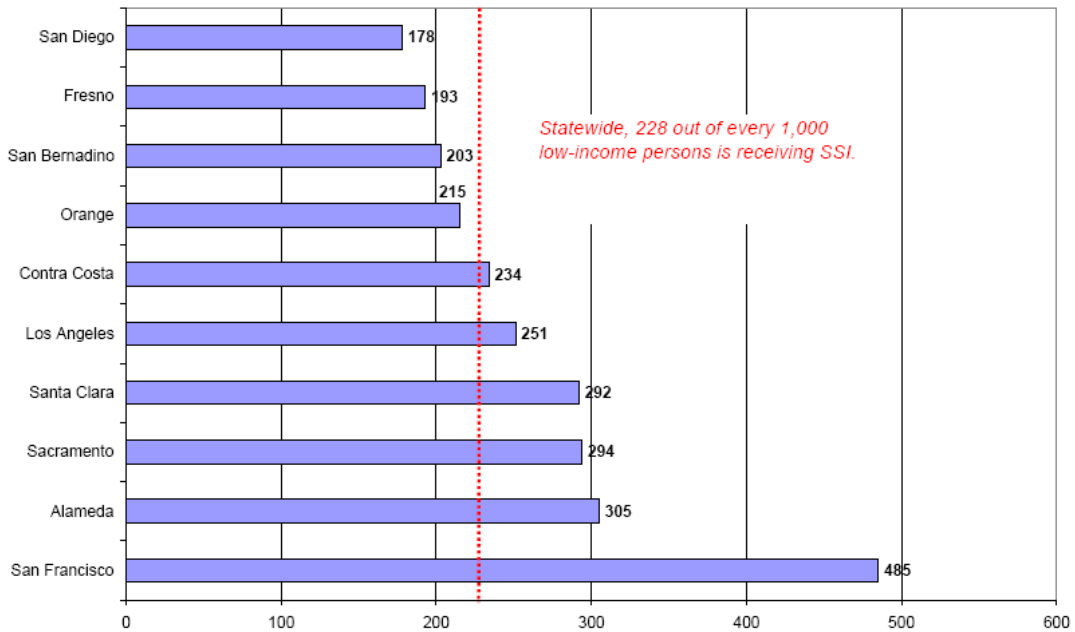
<sup>8</sup> The reduction in SSI has also affected money coming into the county. According to Social Security records, county residents received \$2 million less per month in December of 2010 than in December 2008. Some of this reduction is because of cuts to SSI, and some because fewer San Franciscans were SSI recipients in 2010. SSI Recipients by State and County, [http://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/](http://www.ssa.gov/policy/docs/statcomps/ssi_sc/)

**IHSS Recipients Per 1,000 Persons  
Ten Largest California Counties - December, 2009**



Source: State of California IHSS Management Statistics Summary; IPUMS, 2008 American Community Survey

**SSI Rate Per 1,000 Low-Income Persons\*  
Ten Largest California Counties - December, 2008**



Source: Social Security Administration, Supplemental Security Record, 100 percent data; IPUMS, 2008 American Community Survey

\*Low income = 100% of Federal Poverty Level

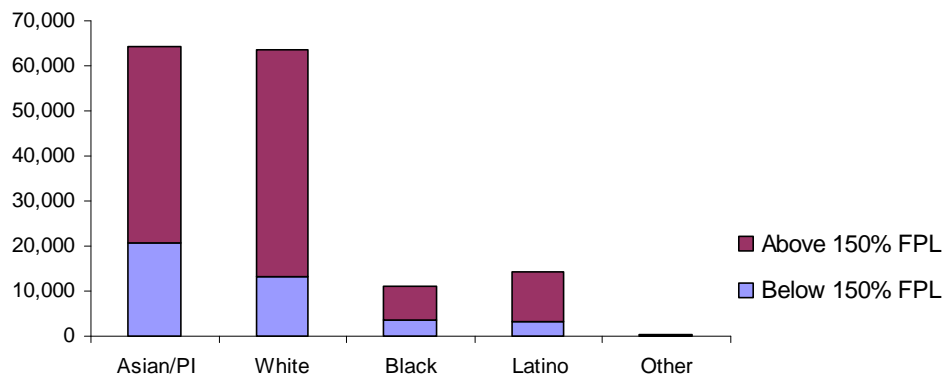


## POVERTY AND RACE/ ETHNICITY

More than 40,000 seniors (27%) live below 150% of the federal poverty line. The largest group of impoverished seniors is Asian/Pacific Islander, but as a share of their community, the seniors most likely to be low-income are African American. The shares of the population living below 150% of the Federal Poverty Line include<sup>9</sup>:

- ❖ 38% of African-American seniors
- ❖ 30% of Asian and Pacific Islander seniors
- ❖ 23% of Latino seniors
- ❖ 23% of white seniors

### Senior Population above and below 150% Federal Poverty Level by Race and Ethnicity, San Francisco (Source: ACS-3yr-2010)



## DISABILITY

The ACS has changed how it asked about disability twice over the last ten years, making it problematic to compare how the population with disabilities has changed over time.<sup>10</sup> However, since 2005 the estimated number of San Franciscans reporting any disability has been fairly stable at approximately 90,000 people. According to the 2009 ACS estimates, San Francisco was home to almost 34,500 younger adults with at least one disability (6.4% of the population 18-59) and 54,100 seniors 60+ (35%).<sup>11</sup>

Disabilities occur at a higher rate within the senior population, and disability rates generally increase with age. Types of disability differ by age. Among younger adults, cognitive and ambulatory difficulties are the most common. Among older adults, the most commonly reported functional limitation is difficulty with walking, followed by difficulty in living independently.

<sup>9</sup> Share of the American Indian / Native American and Other population in poverty is not listed because the population is too small for estimates based on ACS samples to be reliable.

<sup>10</sup> US Census, "New and Modified Content on the 2008 ACS Questionnaire: Results of Testing Prior to Implementation" [http://www.census.gov/acs/www/methodology/person\\_questions/#disable](http://www.census.gov/acs/www/methodology/person_questions/#disable)

<sup>11</sup> These numbers exclude the approximately 1,371 persons 18-59 and 3,476 persons 60+ with a disability living in institutional group quarters, i.e. nursing homes, assisted living facilities, jails or halfway houses.

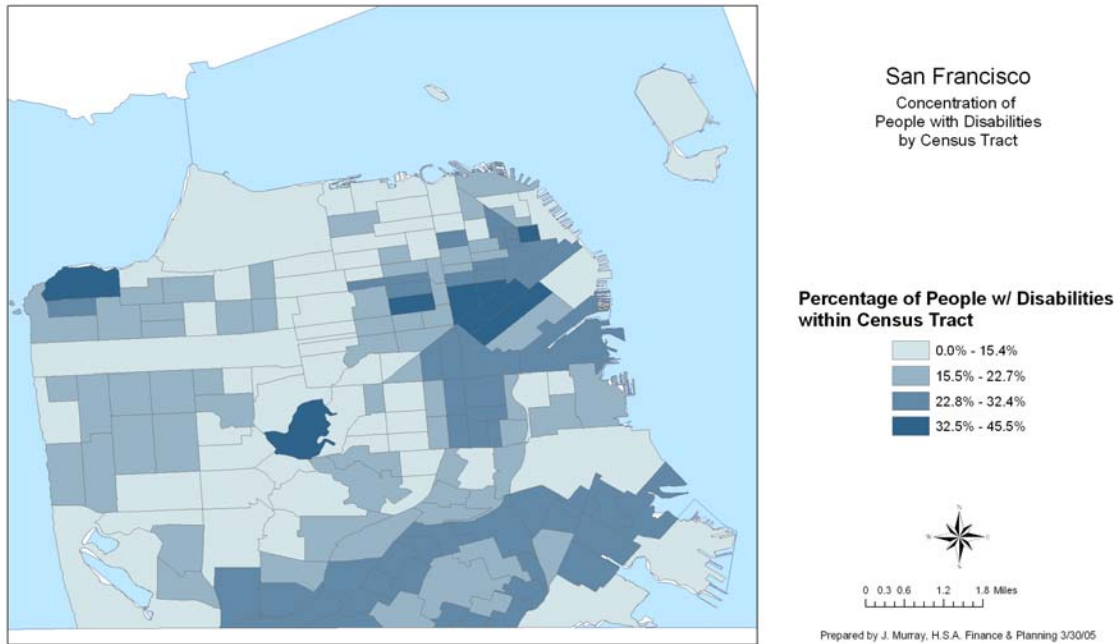
## Types of disabilities in the younger and older non-institutionalized adult population, 2009 San Francisco<sup>12</sup>

(Source: ACS-1yr-2009, IPUMS)

Difficulty with:	Walking		Independent Living		Self Care		Remembering / Cognition		Hearing		Vision	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
18-59	16,678	3.1%	14,454	2.7%	6,871	1.3%	19,548	3.6%	5,891	1.1%	6,582	1.2%
60+	37,652	24.4%	33,712	21.9%	18,997	12.3%	17,888	11.6%	19,590	12.7%	11,331	7.4%

The accompanying map shows where persons with disabilities in San Francisco live. Many either live in low-income neighborhoods like the Tenderloin and South of Market areas, which also have more accessible housing and are central to BART and MUNI streetcar routes. Others live in affluent neighborhoods like St. Francis Woods/West Portal and Sea Cliff, and may have their own transportation resources. Chinatown, which has many hotels and apartments without elevators, also has a large concentration of people with disabilities.

### Location of Persons with Disabilities in San Francisco



PCT26. SEX BY AGE BY TYPES OF DISABILITY FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION 5 YEARS AND OVER [101]- Universe: Civilian noninstitutionalized population 5 years and over  
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data  
NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, and definitions see <http://factfinder.census.gov/home/en/datatnotes/expdf3.htm>.

File: O:\Planning and Budget\Planning Unit\Maps\Disability\CT03\_05.jpeg

### DISABILITY AND RACE

For both younger persons and seniors, the disability rates are higher for African Americans (around 18% of younger adults and 50% of seniors). Whites are the largest group of individuals with disabilities among younger persons; among seniors, Asian/ Pacific Islanders.

<sup>12</sup> Note that individuals can have more than one type of disability.

**Estimated Disabled Non-Institutionalized Population by Age and Race, 2010 San Francisco**  
 (Source: ACS-3yr-2010, IPUMS)

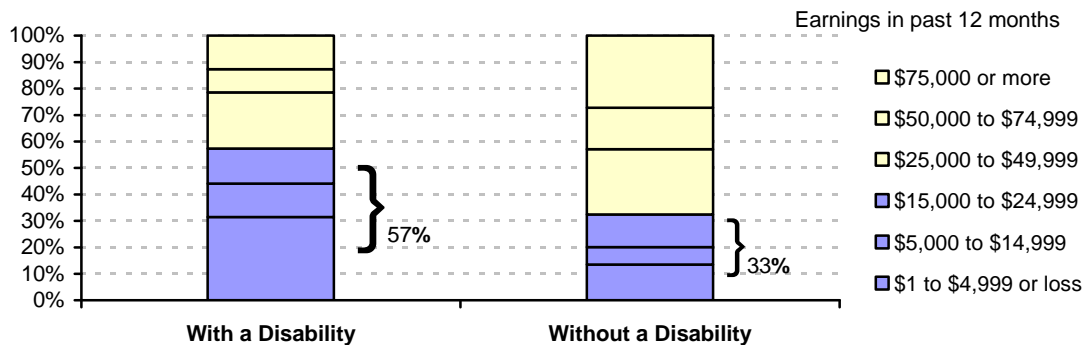
	Younger Adults 18-59		Seniors 60+	
	Rate	Number	Rate	Number
White	5%	12,110	30%	18,661
Asian / PI	4%	7,135	34%	21,637
Black / Af. Am.	19%	5,829	44%	4,752
Latino	7%	5,721	37%	5,222
Other	n/a	634	n/a	197
<b>Total</b>	<b>6%</b>	<b>31,429</b>	<b>33%</b>	<b>50,469</b>

**DISABILITY, WORK, AND POVERTY**

Disability affects people across the income spectrum, but those who are disabled are more than twice as likely as their non-disabled counterparts to live below the federal poverty line (23% vs. 10%). Those who have a disability are also less likely to have a college education than those without a disability (46% vs. 76%) and less likely to be employed (18% vs. 70%). They are more likely to be low-income, as more than half of San Franciscans with a disability earn less than \$25,000 a year, compared to only a third of those without a disability.

**Income distribution concentrated at the lower end for San Franciscans with a disability**

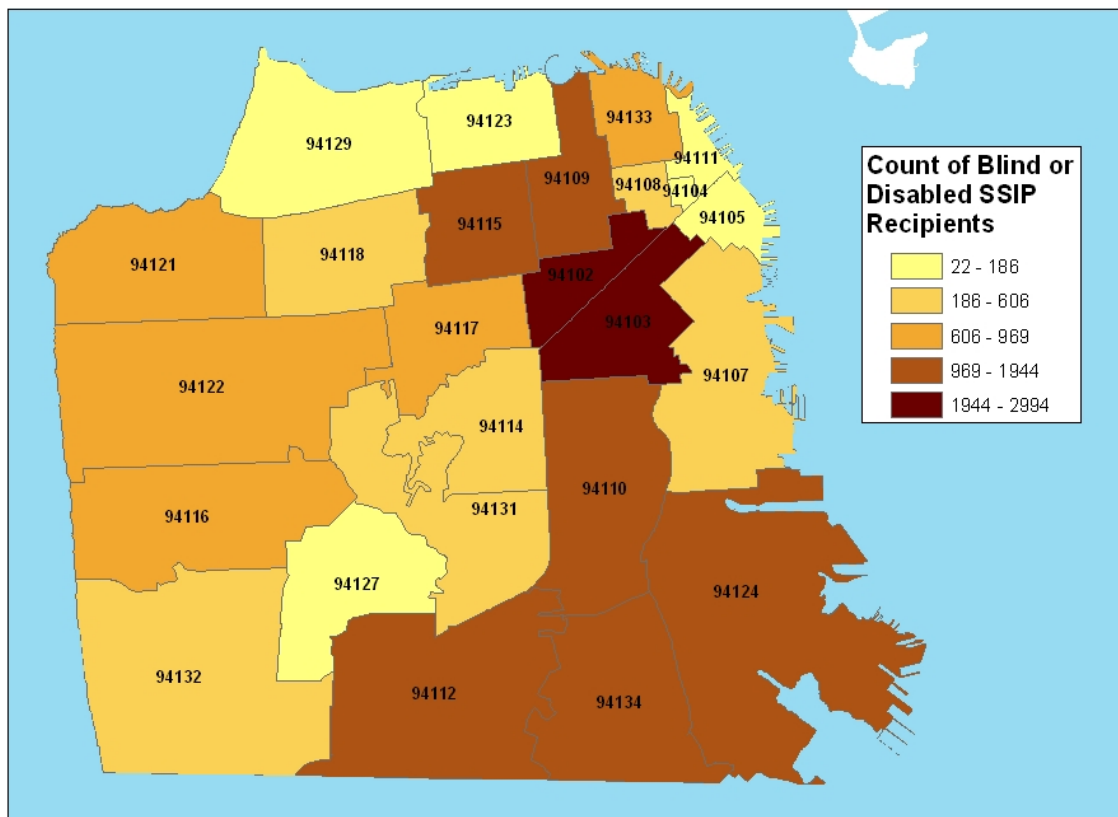
(Source: ACS-1yr-2009, S1811)



Many younger persons with disabilities live in the Tenderloin and South of Market. The map below is drawn from Social Security Administration information on where “Blind and Disabled” (not Aged) SSI recipients live in the city. These two neighborhoods, characterized by Single Room Occupancy hotels, are close to accessible transportation, but also have some of the highest concentrations of predatory crime and drug abuse in the city (Fribourg, 2009).

## San Francisco Blind or Disabled SSI Recipients by Zip Code

SOURCE: Social Security Administration, December 2009



### ISOLATED AND HOMEBOUND SENIORS AND ADULTS WITH DISABILITIES

Social isolation, having no close friends and few contacts with the outside world, is linked to poor health (Seeman, 2001). No reliable way exists to calculate the number of San Franciscans who are socially isolated or homebound. A variety of rough estimates and proxies are listed below.

**Living Alone:** In 2010 19% of the adult San Franciscans (133,000) lived alone, a larger share than in California or the US (10% and 13%, respectively). The rates of living alone increase with age (31% of those 65+ in San Francisco) and are higher still among older women (36% compared to 25% for men 65+). In all there are about 12,000 men and 22,000 women age 65+ living alone in San Francisco.

**Limited Social Contact:** According to a National Research Center 2008 phone survey of disabled and older San Franciscans, 9% of adults with disabilities and 7% of seniors had spent an hour or less socializing with friends or family over the past week. This share would indicate that between 8,000 and 11,000 adults with disabilities and older adults have limited social contact. A San Francisco Controller's Office 2011 phone survey found that 19% of San Franciscans over 60 needed assistance last year with socialization, (ETC Institute, 2011).

**Difficulty with Activities of Daily Living as a Proxy for Homebound:** Individuals who have trouble performing activities of daily living (ADLs) such as bathing, dressing, using the toilet, and eating, are more likely to be homebound. Applying national rates by age group to San Francisco population numbers results in estimates of the number of people with varying degrees of disability who may be homebound or “at risk” of being homebound or isolated (Kaye et. al. 2010).

Persons needing help with two or more ADLs:

- ❖ 8,000 San Franciscans, more than half of whom are 65+
- ❖ (3,380 adults under 65 and 4,531 adults 65+).

Persons needing help with only one ADL:

- ❖ 14,000 San Franciscans, with a similar share 65+
- ❖ (6,173 adults under 65 and 7,744 adults 65+).

**In-Home Support Services as a Proxy for Homebound:** Aggregated data from In-Home Support Services (IHSS) may also help estimate the number of homebound or potentially homebound adults. If IHSS consumers generally have incomes below 150% of the poverty line, then they make up anywhere from a quarter to over a third of the population in those age brackets<sup>13</sup>:

- ❖ 11,108 consumers need help getting in or out of bed
- ❖ 8,683 consumers live alone;
- ❖ 3,884 consumers are 85+.

**Home Delivered Meals:** Individuals who have difficulty preparing their own meals, as well as leaving their homes to shop for groceries, often have meals delivered to their doors. According to administrative data, between July, 2010 and May, 2011 the number people who received home delivered meals was 3,872.

## **OTHER DISTINCTIVE POPULATIONS**

San Francisco is home to a diverse universe of seniors and persons with disabilities. The circumstances of individuals facing the same challenge can be quite different. For example, the affluent senior living alone, whose adult children have moved from the Bay Area, may suffer from isolation, but his or her experience of it is likely different from that of an elderly person living alone in a Tenderloin SRO room, or a Chinese senior who does not speak English. Some of San Francisco’s distinctive populations are described below.

### **LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT)**

In California, an estimated 2.3% of adults ages 50-70 identify as lesbian, gay, or bisexual in 2007 (Wallace et. al, 2011). A National Research Center phone survey of San Franciscans found that 14% of adults with disabilities and 10% of older adults describe themselves as lesbian, gay or bisexual. LGBT seniors and persons with disabilities face the same challenges but often with unique characteristics, including:

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<sup>13</sup> About 27% of those 60+ earn less than 150% of the Federal Poverty Rate as do 35% of those 85+.

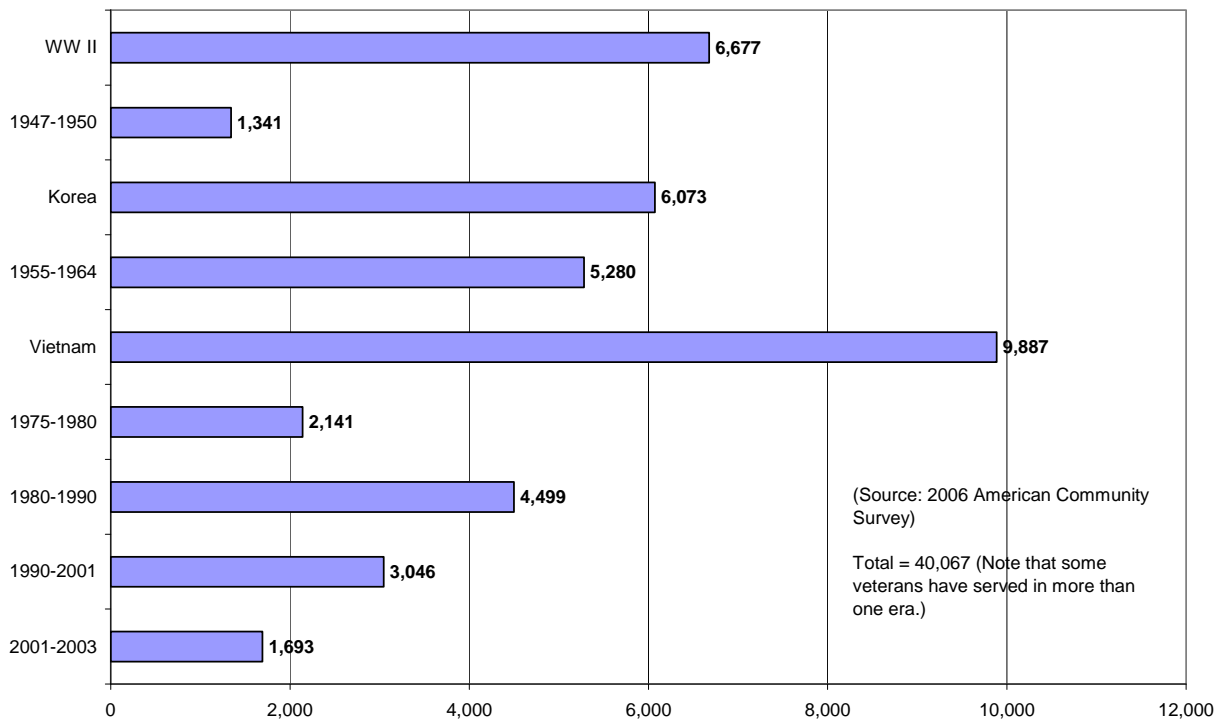
- ❖ **Caregiving:** A recent study (Metlife, 2010) reported a high incidence of caregiving among LGBT people compared to the general population, (one in four is a caregiver versus one in five). LGBT boomers surveyed described their friendships as an important source of emotional support and were four times as likely to depend on a friend as a caregiver compared to the general population. They were also less likely to expect that they would rely on an adult child for care in the future (16% versus 7%). Some LGBT seniors, especially those without a partner, have concerns about who will take care of them. In a focus group conducted for this assessment, an LGBT senior said, “Who is going to take care of me when I get sick? Trusting people is hard. My family’s not here and my friends can come and go.”
- ❖ **Health:** According to the UCLA Center for Health Policy Research, California’s aging gay and bisexual male population has higher rates of hypertension, diabetes, psychological distress symptoms, physical disability and fair/poor health status than heterosexual men with similar demographics. The study called for programs that are targeted to the specific needs of LGBT adults, a need which was echoed by a focus group participant who explained that “health care providers don’t ‘get’ the needs of LGBT seniors, and often don’t even ask about sexuality. All they see is an old person.”
- ❖ **Isolation and Discrimination:** Fear of discrimination and abuse places LGBT seniors at elevated risk for isolation, and research suggests that mainstream social services may not always provide culturally competent care (Jensen, 2006).

Many LGBT seniors find that their sexual identity and experience of coping with discrimination has prepared them for aging by fostering personal resilience. Focus group participants were quick to highlight their history of fighting for their civil rights and acknowledged that for the LGBT movement to be its strongest, it should be intergenerational and should address racism other forms of within group discrimination and division.

## VETERANS

According to a 2007 analysis, over 21,000 veterans age 60+ live in San Francisco, forming 65% of the city’s veterans. The largest number of the city’s veterans served during the Vietnam War, although over 19,000 veterans served before 1964.

### Era That San Francisco Veterans Served In



The issue of homelessness among veterans is highly visible. The number of senior veterans seeking housing assistance from the County Veterans Service Organization in 2011 was 113. According to the 2011 San Francisco Homeless Count, 207 senior veterans were homeless. Over 6, 200 San Francisco veterans – of all ages -- are living below the federal poverty line.

Many older veterans, as well as the spouses of deceased veterans, are not aware of available veterans benefits. For example, the Veterans Non-Service Connected Improved Pension Benefit Program provides aging veterans with financial assistance for medical and non-medical, in-home and out-off-home care. Although the eligibility criteria are strict, the Veterans Administration estimates that only 27% of qualified veterans and 14% of qualified widow(er)s are actually receiving the program's benefits (Comfort Givers, 2011).<sup>14</sup>

In 2011, the San Francisco County Veterans Service Office, which assists veterans with applications for benefits and entitlements, as well as claims assistance, case management, and advocacy, served 1,151 seniors. Their ages ranged from 60 to 111, with a median age of 66.

The work of the CVSO is broad, and the range of benefits exhaustive, but 84 older veterans received assistance related to pension claims, and another 18 received assistance with claims related to combat-related post traumatic stress. The CVSO helped 130 seniors with documentation related to sustaining their placement in public housing, and 12 more received help with making their housing more accessible. Twelve senior veterans received assistance to modify their vehicles to accommodate their disabilities. Thirty applied for additional pension

funds to pay for assistance with activities of daily living. Not all of the benefits went directly to the veterans, as 30 surviving spouses received assistance, as did 12 adult children who were living with and taking care of a senior veteran.

A special class of veterans is Filipinos who served during World War II, when the Philippines was still a commonwealth of the United States, and Philippine forces were mobilized by order of President Franklin Roosevelt. World War II veterans of the Commonwealth Army of the Philippines, recognized guerilla forces, or the New Philippine Scouts who are living in the United States are eligible for full Veterans Affairs benefits. It has been a decades-long debate as to whether Filipinos who serve in U.S. forces in the Philippines are subsequently entitled to citizenship.

The American Recovery and Reinvestment Act of 2009 included a provision granting a one-time, lump sum benefit payment to Filipino WWII veterans. They needed to submit an application during a one year period that ended on February 17, 2010. The Manila office of the U.S. Department of Veterans Affairs (VA) processed the applications and verified military service records. Veterans who were U.S. citizens received \$15,000; non-citizens, \$9,000. *The number of San Francisco applicants who received rewards was 253.*

The process continues, however, as the VA processes appeals. It received 42,000 claims, of which 9,136 in the United States were granted, and 9,357 in the Philippines. Over 24,000 claims were denied, and the Manila office of the VA has received 4,430 appeals. This includes 189 that submitted new information and “reopened” their claims (Grogan, 2012). The Manila office of the VA has to review these applications individually. The information about applications and appeals is not available at the community level, so it is not possible to know who many are San Franciscans. These veterans are beyond 80 years old, however, and as the bureaucratic process unfolds, feel a heightened sense of urgency.

## **HOMELESS SENIORS AND ADULTS WITH DISABILITIES**

The 2011 Homeless Count in San Francisco reported 6,455 total homeless persons. It estimated that 8.8% of the total homeless population is over the age 60 (compared to 4% in the 2009 count). Data from the city’s shelter system database shows that during FY10-11, about 11% of shelter users were 60+ and roughly 38% were 50+. A 2006 University of California longitudinal study found that between 1990 and 2003 the median age of homeless persons increased by nine years, from 37 to 46. The proportion over the age of 50 increased from 11.2% in 1990 to 32.3% in 2003. The study concluded that many had been homeless longer, growing old while on the street (Hahn et. al., 2006).

A 2009 SF-HSA analysis found that older persons were likely to stay longer in shelter than younger persons, with persons age 65 and older having spent a median of 64 nights in the past year in shelter. Older shelter residents were more likely to be white than non-seniors (47% vs. 34%), slightly more likely to be African American (32% vs. 29%), and less likely to be Latino (11% vs. 18%). In focus groups, older shelter residents expressed distress about the tumultuous shelter environments and clashes with younger residents (Klienman and Shen, 2009).

A disproportionate number of homeless persons in San Francisco are disabled. According to San Francisco’s 2011 homeless count, more than half of all homeless persons interviewed reported a disabling condition, including:



- ❖ 30% reporting a physical disability;
- ❖ 28%, a serious mental illness; and
- ❖ 5% HIV/AIDS.

Seniors and younger adults with disabilities who are homeless share many of the same needs and challenges. For example, tending to health care needs may become less of a priority when scrambling each day for shelter and food. It may be difficult to sequence the steps necessary to gain basic access to services when suffering from mental illness or dementia.

## **GRANDPARENTS AS CARETAKERS**

San Francisco is an expensive, difficult city in which to raise children. Only 14% of residents in San Francisco are children; in California, 26%; in Manhattan, 18%. Among the 50 largest cities in the United States, San Francisco has the lowest percentage of households with children. Parents are under enormous stress, much of it financial. For example, the annual monthly cost of center-based infant care in San Francisco is almost \$15,000, about one third higher than the statewide average (California Childcare Resource and Referral Network, 2011). As a proportion of the family budget, child care costs consume 18% of the median San Francisco household income, and are particularly costly in low-income neighborhoods like the Bayview (28% of household income) and Chinatown (74%) (Health Development Measurement Tool, 2006).

As a result of the stresses placed on families in San Francisco, many grandparents are asked to assist with the care and support of children. In San Francisco approximately 17,000 grandparents live with their own grandchildren under 18 years, and they comprise approximately 2.5% of all households.<sup>15</sup> The census distinguishes grandparents that are responsible for their grandchildren, defined as those that are “financially responsible for food, shelter, clothing, day care, etc. for and or all grandchildren living in the housing.”<sup>16</sup> Grandparents raising grandchildren are significantly more likely to be unmarried and to be living in poverty than other grandparents (Minkler, 2003).

In San Francisco, approximately 2,850 persons are financially responsible for their grandchildren. In most of these households at least one of the grandchild’s parents is present, but for roughly 27% (570-950 grandparents) there is no parent present. About 50 grandparents in San Francisco are foster parents, shouldering the legal responsibility for their grandchildren, an obligation that often grows more difficult when children enter adolescence. The census does not capture the number of seniors who do not live with their children, but are nonetheless responsible for significant amounts of child care. Often grandparents are coping with their own challenges, including health difficulties, social isolation, and depleted finances, while trying to care for their grandchildren.

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<sup>15</sup> 16,991 with a 7.6% margin of error, according to 2005-2009 5-yr ACS estimates. Of course, not all grandparents are 60+.

<sup>16</sup>See: American Community Survey 2009, Subject Definitions, available online at: [www.census.gov/acs/www/Downloads/data\\_documentation/SubjectDefinitions/2009\\_ACSSubjectDefinitions.pdf](http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2009_ACSSubjectDefinitions.pdf)

Grandparents raising grandchildren are significantly more likely to be unmarried and to be living in poverty than other grandparents (Minkler, 2003). San Francisco's child welfare policies emphasize placing children with relatives rather than in group homes or institutions. Forty-seven percent of foster children live with relatives in San Francisco placements. While this policy supports family bonds, and San Francisco does target some services for these families, it often places an enormous amount of stress and responsibility on aging aunts, uncles, and grandparents.

## **WORKING SENIORS**

The economic recession of the last few years depleted the savings of many older persons, forcing them to work past traditional retirement age or to re-enter the labor market after retirement. According to a 2009 national study by the Federal Reserve Board, more than two-thirds of household heads in the age 50-61 group reported that they expected to retire at least one year later than reported in 2007 (Duke, 2011). The annual median income for persons in the pre-retirement ages of 55 – 64 dropped during the recession by \$2,000. Their wealth dropped by a median of \$15.2 thousand, or 13.7% of their total wealth. The median loss for persons in the 65-74 age group was \$13.9 thousand, or 18.2% of their total wealth (Bricker et. al., 2011) Nationally, seniors now outnumber teens in the labor force for the first time on record, a phenomenon that cannot be accounted for by baby boomer demographic increases (Abate, 2010). Since the start of the recession, the national number of persons age 65+ who were working increased by 14%.<sup>17</sup>

Living in an expensive city, the economic anxiety of San Francisco seniors who lost wealth is likely magnified. Many expected calm and security during this time of their lives, but are now coping with the travails of the labor market. According to the 2009 American Community Survey, 25% of San Franciscans between the ages of 65 and 74 are working. The City and County of San Francisco has developed a network of one-stop employment centers that provide job listings, access to computers, career planning, workshops on subjects like resume development, and skill development. Any San Franciscan, regardless of income, who is looking for work can drop-in to one of these centers. In 2011, the number of persons age 60+ who used the centers was 1,666. Of those, 1,614 were unemployed and seeking work. The most common services they utilized at the center were computer lab access, job search workshops, and meeting with career advisors.

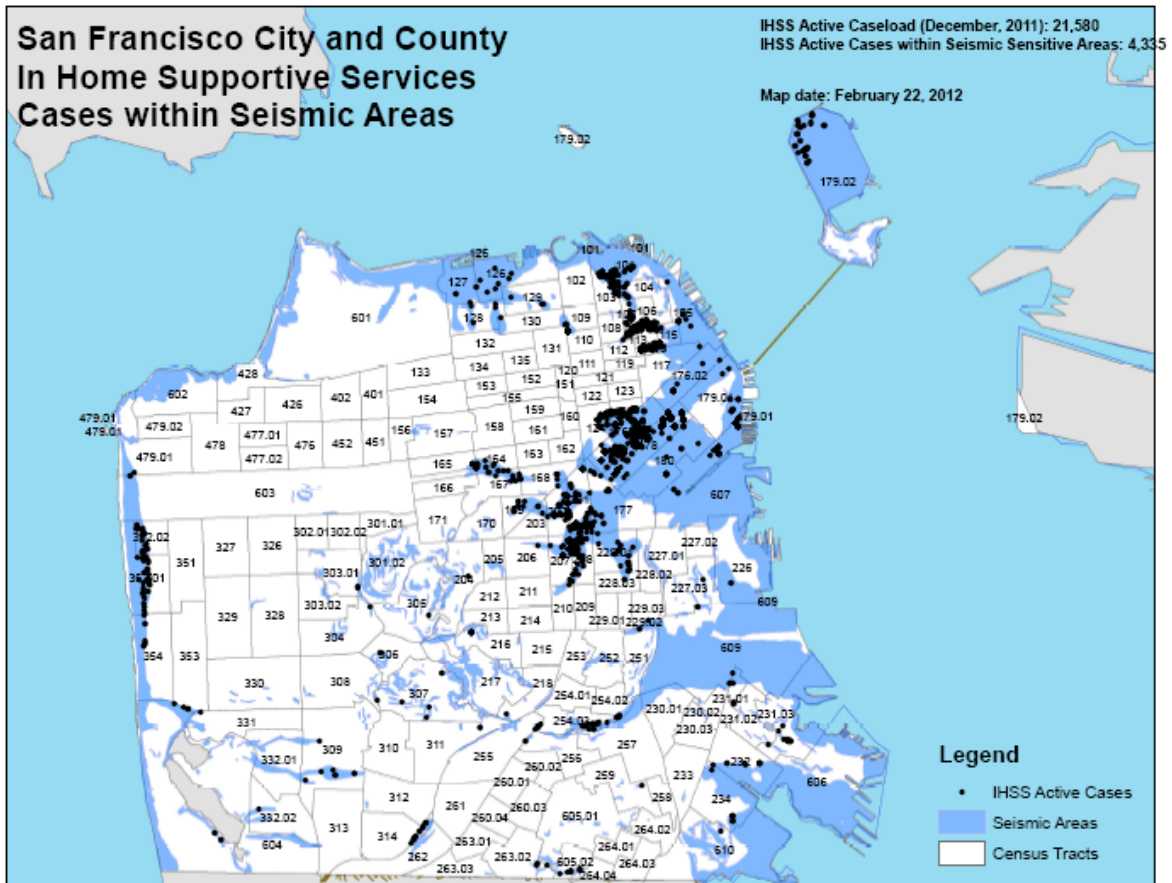
## **SENIORS AND ADULTS WITH DISABILITIES VULNERABLE DURING DISASTERS**

San Francisco poses particular challenges to vulnerable populations during disasters. Much of the city's housing, especially in the Tenderloin and Chinatown neighborhoods, was built in the aftermath of the 1906 earthquake, and is home to thousands of people with limited mobility, limited English, and limited resources. Over 21,000 persons receive In Home Supportive Services, requiring assistance with self care to live in the community, and 4,335 (21%) of them live in seismic hazard zones. To be receiving IHSS, they must be low-income, and therefore they seem more likely to be living in older housing that is not retrofitted to withstand earthquakes, and they would also seem less likely to have the resources to subsist comfortably on their own for 72 hours, the time frame suggested by disaster response organizations. SF-HSA

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<sup>17</sup> U.S. Bureau of Labor Statistics. <http://data.bls.gov/timeseries/LNU02000354>. Downloaded on January 13, 2012.

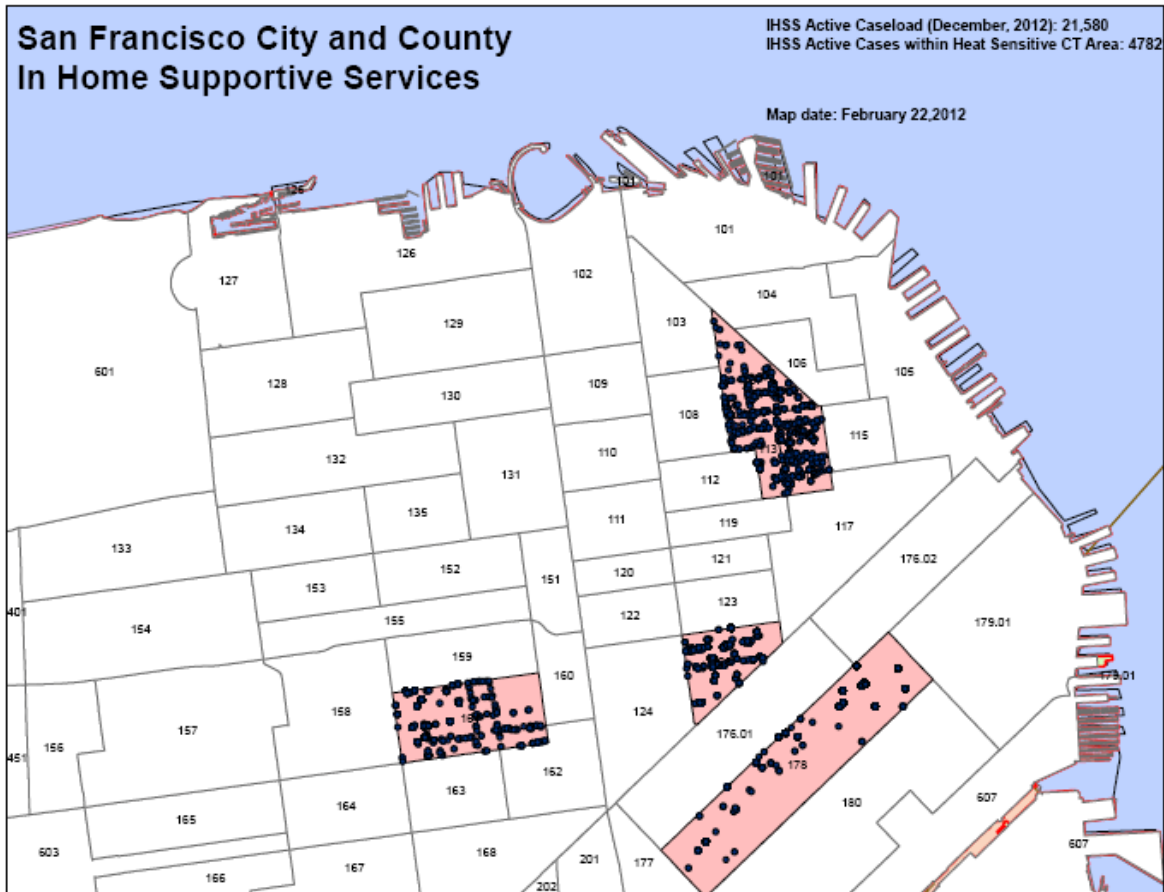
has been developing plans for outreach to its most vulnerable IHSS recipients in the event of a disaster. The map below shows the location of IHSS recipients living in the seismic hazard zones.



Heat waves are an emerging risk associated with climate change. A city known for its temperate climate, San Francisco is projected to experience a substantial increase in the number of hot days. Historically, the city has had an average of 12 days per year of temperature over 80 degrees, but in the near-term the number of hot days is expected to increase to 20. The increase is not likely to be linear, as many more hot days may occur in any given year, may last for extended periods, and may reach higher peaks. By mid-century San Francisco is projected to experience 32 – 46 hot days per year, and by the end of the century, 70 – 94. San Francisco’s temperatures may not rise as high as those in Los Angeles, which recently had temperatures as high as 119 degrees, but the city is particularly vulnerable because only 11% of its households have air conditioning (San Francisco Planning and Urban Research Association; 2011; Miller et al, 2007).

During heat waves, seniors and persons with disabilities and low income persons are at particular risk of illness and even death. They often have pre-existing health conditions such as diabetes that can be aggravated by the heat. Smog is trapped during heat waves, and chemicals in the air interact under heat, which can threaten persons with pulmonary conditions (Morello-Frosch et al., 2009). Low-income persons are less likely to have air conditioning, and heat waves are often

associated with energy blackouts, which may isolate seniors in their homes without working refrigerators, fans, and elevators. Moreover, much of the city's low-income housing is made of concrete, which absorbs heat (Hertsgaard, 2011). *A recent study found that 7 of the 10 census tracts with the highest vulnerability to heat waves in the United States were in San Francisco* (Reid, et al., 2009). The map below highlights those tracts, which are located in Chinatown, South of Market, Tenderloin, and Western Addition neighborhoods, and finds that 4,782 persons receiving IHSS (22% of the total) live in Census tracts that are highly vulnerable during heat waves.



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## Focus Groups

Adults with Disabilities Focus Group, Public Housing Site, July 13, 2011  
Chinese Focus Group, Chinatown Community Development Center, July 7, 2011  
Latino Focus Group, The Women's Building, July 11, 2011  
Community Forum, Jackie Chan Recreation Center, Richmond District, July 20, 2011  
African American Focus Group, Bayview, July 21, 2011  
Community Forum-Advisory Council, June 15, 2011  
Community Forum, Jackie Chan Recreation Center, Richmond District, July 12, 2011  
LGBT Focus Group, SF Department of Aging and Adult Services, July 14, 2011

(Notes from focus groups are available as an appendix in Part II of the needs assessment.)